<u> </u>				1 10/13/23 19:11:18 Desc	
Unit	EEShibiteABministra District of New Ji		ense Claim Forms	REQUEST FOR PAYMENT OF ADMINISTRATIVE EXPENSE	
In re:		Chapter 11			
		Case Number:			
NOTE: This form should not be the case. In such instances, a pr	used for an unsecured cla oof of claim should be file	im arising pri d.	ior to the commencement of		
Name of Creditor: (The person or other entity to money or property.)	whom the debtor owed	that proc	ck box if you are aware anyone else has filed a of of claim relating to your m. Attach copy of		
Name and Addresses Where Not	ices Should Be Sent:	□ State □ Che			
		□ Chec	kruptcy court in this case. ck box if the address differs n the address on the elope sent to you by the	THIS SPACE IS FOR COURT USE ONLY	
		cou		THIS STACE IS FOR COOK! USE ONL!	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:		R	Check here if this request: ☐ replaces a previously filed request, dated: ☐ amends a previously filed request, dated:		
1. BASIS FOR CLAIM					
			☐ Retiree benefits as defined in 11 U.S.C. §1114(a)		
☐ Goods Sold ☐ Services peri	formed		☐ Wages, salaries and compensations (Fill out below)		
☐ Money loane			Provide last four digits of your social security number		
_	ry/wrongful death				
☐ Taxes ☐ Other (Describe briefly)					
□ Other (Descr	ibe offerry)				
2. DATE DEBT WAS INCURRED:					
3. TOTAL AMOUNT OF REQ	UEST AS OF ABOVE DA	TE:			
☐ Check this box if the request interest or additional charges.	includes interest or other c	charges in add	dition to the principal amoun	t of the request. Attach itemized statement of all	
4. Secured Claim	:	1 4!	1.4 - £		
☐ Check this box if your claim setoff).	is secured by confateral (ii	ncluding a rig	gnt of		
Brief Description of Collateral:					
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)					
Value of Collateral: \$					
☐ Check this box if there is no 5. Credits: The amount of all p making this request for payment	ayments have been credited	d and deducte	ed for the purposes of	THIS SPACE IS FOR COURT USE ONLY	
making this request for payment of administrative expenses. 6. Supporting Documents: Attach copies of supporting documents, such as purchase orders,					
invoices, itemized statements of of a lien.					
DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
7. Date-Stamped Copy : To receself-addressed envelope and cop		of the filing o	f your request, enclose a		
Date:	Sign and print below the name and title, if any, of the creditor or other person authorized to file this request (attach copy of power of attorney, if any).				
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4. Secured Claim		1 1' '	1			
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☐ Check this box if there is no 5. Credits: The amount of all p making this request for payment	ayments have been credited	d and deducte	ed for the purposes of	THIS SPACE IS FOR COURT USE ONLY		
6. Supporting Documents : <i>Atta</i> invoices, itemized statements of	ch copies of supporting do	cuments, suc				
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If the documents are volu 7. Date-Stamped Copy: To reconfined decreased any along and agent age	ceive an acknowledgment o		f your request, enclose a			
self-addressed envelope and cop			1.1 10 0.1			
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Case 23-1335			d 10/13/23		1 10/13/23 19:11:18 Desc
Unit	TE E Shibite All Inninistra DISTRICT OF NEW JE		ense Claim	Forms	REQUEST FOR PAYMENT OF ADMINISTRATIVE EXPENSE
In re:		Chapter 11			
		Case Number:			
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Name of Creditor: (The person or other entity to money or property.)	whom the debtor owed	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case.			
Name and Addresses Where Not	ices Should Be Sent:				
		□ Chec	ck box if the addr n the address elope sent to yo	ess differs on the	THIS SPACE IS FOR COURT USE ONLY
		cou	rt.		
ACCOUNT OR OTHER NUMBI IDENTIFIES DEBTOR:	ER BY WHICH CREDITOR	₹	Check here if this request: ☐ replaces a previously filed request, dated: ☐ amends a previously filed request, dated:		
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☐ Money loane			Provide last four digits of your social security number		
	rry/wrongful death				
☐ Taxes ☐ Other (Descr	tibe briefly)				
U Other (Beser	ibe offerty)				
2. DATE DEBT WAS INCURR	ED:				
3. TOTAL AMOUNT OF REQ	UEST AS OF ABOVE DA	TE:			
interest or additional charges.	includes interest or other c	harges in add	dition to the princ	cipal amount	t of the request. Attach itemized statement of all
4. Secured Claim ☐ Check this box if your claim setoff).	is secured by collateral (in	ncluding a rig	ght of		
Brief Description of Collate	eral:				
☐ Real Estate ☐ Other (Describe briefly	☐ Motor Vehic				
	Under (Describe briefly)				
☐ Check this box if there is no collateral or lien securing your claim. 5. Credits: The amount of all payments have been credited and deducted making this request for payment of administrative expenses.			ed for the purpose	es of	THIS SPACE IS FOR COURT USE ONLY
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DO NOT SEND ORIGINAL If the documents are volu		cuments are	not available, exp	olain.	
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